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CONFIRMATION NO. 1399

<b>SERIAL NUMBER</b> 10/524,708	<b>FILING OR 371(c) DATE</b> 05/12/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> HOI-12702/16
<b>APPLICANTS</b> Henrik Jacobsen, Copenhagen, DENMARK;				
<b>** CONTINUING DATA *****</b> <i>YK</i> This application is a 371 of PCT/DK03/00533 08/11/2003				
<b>** FOREIGN APPLICATIONS *****</b> <i>MP</i> DENMARK PA 2002-01202 08/12/2002				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> DENMARK	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 20  <b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 25006				
<b>TITLE</b> Device for administration of fluids				
<b>FILING FEE RECEIVED</b> 630	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	